

# CLAIMS ONLY

Application Number:

Filing Date:

10/16/24/845

Applicant(s):

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11	1					
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45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	7					
Total Claims	9					

	Indep.	Depend.	Indep.	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						